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SACPA COUNTY FISCAL PLANNING FORMS

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Section I. Contact Information

(1) County of _____ **(2) Fiscal Year** _____

| | |
|--------------------------|--|
| (3)Current Contact Info: | |
| (a) Name | |
| (b) Title | |
| (c) Phone | |
| (d) Fax | |
| (e) Pager | |
| (f) Mobile Phone | |
| (g) Email Address | |
| (4) Notes: | |

Section II. Entity Information

(1) Allocation Amount _____ (2) Excess Funds _____ (3) Total Funds _____
(4) County of _____ (5) Fiscal Year _____ (6) Version _____

| | Entity Type | Planned Dollars (\$000,000,000) | | | | | | | | | | | | | | | | | | | | | | | | Percentage of Allocation | | | | | |
|--|---------------------|---------------------------------|--|--|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--------------------------|--|--|--|--|--|
| | | Direct Services | | | | | | | | | | Administrative Activities | | | | | | | | | | Total Dollars | | | | | | | | | |
| | (7) Drug Treatment | (8) | | | | | | | | | | (9) | | | | | | | | | | (10) | | | | (11) | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (12) Other Services | (13) | | | | | | | | | | (14) | | | | | | | | | | (15) | | | | (16) | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | (17) Subtotal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Entity Information, cont'd.

| | Entity Type | Planned Dollars (\$000,000,000) | | | | | | | | | | | | | | | | | | | | | | | | Percentage of Allocation | | | | |
|--|-----------------------|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|---------------|--|--|--|--------------------------|--|--|--|------|
| | | Direct Services | | | | | | | | | | | | Administrative Activities | | | | | | | | Total Dollars | | | | | | | | |
| | (18) Criminal Justice | (19) | | | | | | | | | | | | (20) | | | | | | | | (21) | | | | | | | | (22) |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | (23 Subtotal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (24) Grand Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Section III. Service/Activity Information

(1) Allocation Amount _____ (2) Excess Funds _____ (3) Total Funds _____

(4) County of _____ (5) Fiscal Year _____ (6) Version _____

| Service Type | Planned Dollars (\$000,000,000) | | | Percentage of Allocation |
|--|---------------------------------|---------------------------|---------------|--------------------------|
| | Direct Services | Administrative Activities | Total Dollars | |
| Drug Treatment | (7) | (8) | (9) | (10) |
| (a) Non-Residential/Outpatient | | | | |
| (b) Treatment/recovery – no meds | | | | |
| (c) Treatment/recovery – Methadone, LAAM, or other meds prescribed | | | | |
| (d) Day Program – intensive | | | | |
| (e) Detoxification – no meds | | | | |
| (f) Detoxification – Methadone, LAAM, or other meds prescribed | | | | |
| (g) Residential | | | | |
| (h) Detoxification (hospital) | | | | |
| (i) Detoxification (non-hospital) – no meds | | | | |
| (j) Detoxification (non-hospital) –Methadone, LAAM, or other meds prescribed | | | | |
| (k) Treatment/recovery – no meds | | | | |
| (l) Treatment/recovery – Methadone, LAAM, or other meds prescribed | | | | |
| (11) Subtotal | | | | |

Enclosure C-SACPA FISCAL PLANNING FORM

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Service/Activity Information, cont'd.

| Service Type | Planned Dollars (\$000,000,000) | | | Percentage of Allocation |
|---|---------------------------------|---------------------------|---------------|--------------------------|
| | Direct Services | Administrative Activities | Total Dollars | |
| Other Services | (12) | (13) | (14) | (15) |
| (m) Literacy Training | | | | |
| (n) Family Counseling | | | | |
| (o) Vocational Training | | | | |
| (p) Other Client Services (explain below) | | | | |
| Explanation: | | | | |
| (16) Subtotal | | | | |
| Case Management Activities | (17) | (18) | (19) | (20) |
| (q) Referral/Assessment | | | | |
| (r) Placement | | | | |
| (s) Court Monitoring | | | | |
| (t) Supervision | | | | |
| (u) Miscellaneous (explain below) | | | | |
| Explanation: | | | | |
| (21) Subtotal | | | | |
| (22) Grand Total | | | | |

California Department of Alcohol and Drug Programs

Revised 04/27/01

Section IV. Capacity Planning

(1) County of _____ (2) Fiscal Year _____ (3) Version _____

| Service Type | Capacity | | | | | | | | | | | | | | | | | |
|---|----------|--|--|--|--|--|--------------------|--|--|--|--|--|---------------|--|--|--|--|--|
| | Existing | | | | | | Planned Additional | | | | | | Planned Total | | | | | |
| Drug Treatment | | | | | | | | | | | | | | | | | | |
| (a) Non-Residential/Outpatient | (4) | | | | | | (5) | | | | | | (6) | | | | | |
| (b) Treatment/recovery – no meds | | | | | | | | | | | | | | | | | | |
| (c) Treatment/recovery – Methadone, LAAM, or other meds prescribed | | | | | | | | | | | | | | | | | | |
| (d) Day Program – intensive | | | | | | | | | | | | | | | | | | |
| (e) Detoxification – no meds | | | | | | | | | | | | | | | | | | |
| (f) Detoxification – Methadone, LAAM, or other meds prescribed | | | | | | | | | | | | | | | | | | |
| (g) Residential | (7) | | | | | | (8) | | | | | | (9) | | | | | |
| (h) Detoxification (hospital) | | | | | | | | | | | | | | | | | | |
| (i) Detoxification (non-hospital) – no meds | | | | | | | | | | | | | | | | | | |
| (j) Detoxification (non-hospital) – Methadone, LAAM, or other meds prescribed | | | | | | | | | | | | | | | | | | |
| (k) Treatment/recovery – no meds | | | | | | | | | | | | | | | | | | |
| (l) Treatment/recovery – Methadone, LAAM, or other meds prescribed | | | | | | | | | | | | | | | | | | |
| (10) Sub Total Drug Treatment | | | | | | | | | | | | | | | | | | |

Capacity Planning, cont'd.

| Service Type | Capacity | | | | | | | | | | | | | | | | | |
|---|----------|--|--|--|--|--|--------------------|--|--|--|--|--|---------------|--|--|--|--|--|
| | Existing | | | | | | Planned Additional | | | | | | Planned Total | | | | | |
| Other Services | (11) | | | | | | (12) | | | | | | (13) | | | | | |
| (m) Literacy Training | | | | | | | | | | | | | | | | | | |
| (n) Family Counseling | | | | | | | | | | | | | | | | | | |
| (o) Vocational Training | | | | | | | | | | | | | | | | | | |
| (p) Other Client Services (explain below) | | | | | | | | | | | | | | | | | | |
| Explanation: | | | | | | | | | | | | | | | | | | |
| (14) Sub Total Services | | | | | | | | | | | | | | | | | | |
| (15) Grand Total | | | | | | | | | | | | | | | | | | |

Section V. Client Projections

(1) County of _____ (2) Fiscal Year _____ (3) Version _____

| (4) Projected Referral Source | Projected Number of Clients | | | | | |
|-----------------------------------|-----------------------------|--|--|--|--|--|
| (a) Referred From Parole | | | | | | |
| (b) Referred From Court/Probation | | | | | | |
| (5) Grand Total (optional) | | | | | | |

| Service Type | Projected Number of Clients | | | | | |
|---|-----------------------------|--|--|--|--|--|
| (6) Drug Treatment | | | | | | |
| (c) Non-Residential/Outpatient | | | | | | |
| (d) Treatment/recovery – no meds | | | | | | |
| (e) Treatment/recovery – Methadone, LAAM, or other meds prescribed | | | | | | |
| (f) Day Program – intensive | | | | | | |
| (g) Detoxification – no meds | | | | | | |
| (h) Detoxification – Methadone, LAAM, or other meds prescribed | | | | | | |
| (i) Residential | | | | | | |
| (j) Detoxification (hospital) | | | | | | |
| (k) Detoxification (non-hospital) – no meds | | | | | | |
| (l) Detoxification (non-hospital) – Methadone, LAAM, or other meds prescribed | | | | | | |
| (m) Treatment/recovery – no meds | | | | | | |
| (n) Treatment/recovery – Methadone, LAAM, or other meds prescribed | | | | | | |
| (7) Sub Total Drug Treatment | | | | | | |

Client Projections, cont'd.

| Service Type | Projected Number of Clients | | | | | |
|---|------------------------------------|--|--|--|--|--|
| (8) Other Service Types | | | | | | |
| (o) Literacy Training | | | | | | |
| (p) Family Counseling | | | | | | |
| (q) Vocational Training | | | | | | |
| (r) Other Client Services (explain below) | | | | | | |
| Explanation: | | | | | | |
| (9) Sub Total Other | | | | | | |
| (10) Grand Total | | | | | | |